

WISACWIS ACCESS AUTHORIZATION

Use of form: This form is used to grant authorization for access to the Wisconsin Statewide Automated Child Welfare Information System (WiSACWIS). All questions on the form must be answered.

Instructions: The person designated to submit requests to the WiSACWIS Security Liaison should send the completed form to Debbie Rogers at the following E-mail address: ROGERDL@DHFS.STATE.WI.US.

Type of Request (Check one) <input type="checkbox"/> New request (Add new user for Citrix / WiSACWIS) <input type="checkbox"/> Change request (Change any information for existing user) <input type="checkbox"/> Delete request (Delete user from Citrix / WiSACWIS access)		Effective Date - (mm/dd/yyyy)
Name - County		
Name - User (Last, First, MI)		Work Telephone Number - User
E-Mail Address - User		
WiSACWIS Job Classification	WiSACWIS Security Group Name	WiSACWIS Worker ID Number
Name - Supervisor (Last, First, MI)		Work Telephone Number - Supervisor
E-Mail Address - Supervisor		

INSTRUCTIONS FOR COMPLETING CFS-2220

When to Use: This form **must** be used to notify DCFS / AO that:

1. A new worker requires access to WiSACWIS.
2. A worker no longer needs access to WiSACWIS.
3. A current worker changes Job Classification (job title) or User Group Name (security rights, changes their name or E-mail address).

How to Submit: The person designated to submit requests to the WiSACWIS Security Liaison should send the completed form to:
rogerdl@dhfs.state.wi.us

Notification of Approval: Users will be notified via E-mail when their Citrix / WiSACWIS account has been approved and completed. The E-mail will include instructions for accessing Citrix / WiSACWIS, including necessary IDs and password.

Information Requested

Type of Request	<u>New Request</u>	Worker is to be given initial access to WiSACWIS.
	<u>Change Request</u>	A current WiSACWIS worker changes their: <ol style="list-style-type: none">1. Name2. Job classification3. Work telephone number4. E-mail address5. User group name6. Supervisor
	<u>Delete Request</u>	Worker no longer requires access to WiSACWIS.
Effective Date	Date requested change will take effect.	
Name - County	County submitting this request. Include site name if county has multiple locations.	
Name - User	Enter worker's name. If the request is a name change, include the current name and the new name.	
Work Telephone Number - User	Telephone number where worker may be reached during work hours.	
E-mail Address - User	Worker's Internet E-mail address.	
WiSACWIS Job Classification	Job title or class as defined in the WiSACWIS system. If this is a change, include current and requested.	
WiSACWIS Security Group Name	Enter one of the following: <ol style="list-style-type: none">1. If known, the actual WiSACWIS Security Group name.2. If this worker is to have the same responsibility as a current worker, enter "Same as Other Worker's Name."3. If this worker is to have additional responsibilities in WiSACWIS, enter "Current functionality plus XXXXXX", where XXXXXX describes the additional rights requested.	
WiSACWIS Worker ID Number	For changes and deletions enter worker's current WiSACWIS ID.	
Name - Supervisor	Enter supervisor's name. If request is a change in supervisors include both names.	
Work Telephone Number - Supervisor	Telephone number where the worker's supervisor may be reached during work hours.	
E-mail Address - Supervisor	Internet E-mail address of worker's supervisor.	